U.S. Department of Housing and Urban Development Office of Public and Indian Housing

MUNICIPALITY OF VEGA ALTA

Small PHA Plan Update

Annual Plan for Fiscal Year: 2002

HUD 50075 OMB Approval No: 2577-0226

Expires: 03/31/2002

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

HUD 50075 OMB Approval No: 2577-0226

Expires: 03/31/2002

PHA Plan Agency Identification

| PHA Nan | ne: Municipality of Vega Alta |
|---------------------------------------|--|
| PHA Nun | nber: RQ 056 |
| PHA Fisc | cal Year Beginning: (07/2002) |
| | n Contact Information: Vilma Nevarez) 270-2867 |
| Information all that application Main | ccess to Information In regarding any activities outlined in this plan can be obtained by contacting: (selectly) In administrative office of the PHA In development management offices |
| Display L | ocations For PHA Plans and Supporting Documents |
| | ans (including attachments) are available for public inspection at: (select all that apply) in administrative office of the PHA advelopment management offices in administrative office of the local, county or Mayor's Office ic library is website er (list below) |
| Mair PHA | upporting Documents are available for inspection at: (select all that apply) in business office of the PHA development management offices er (list below) |
| PHA Progr | ams Administered: |
| Public Ho | ousing and Section 8 Only Public Housing Only |
| | |

Annual PHA Plan Fiscal Year 2002

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

| Contents Pag | <u>ge #</u> |
|--|-------------|
| Annual Plan | |
| i. Table of Contents | 1 |
| ii. Executive Summary (optional) | 2 |
| iii. Annual Plan Information | 3 |
| 1. Description of Policy and Program Changes for the Upcoming Fiscal Year | |
| 2. Capital Improvement Needs | |
| 3. Demolition and Disposition | |
| 4. Homeownership: Voucher Homeownership Program | |
| 5. Safety and Crime Prevention: PHDEP Plan | |
| 6. Other Information: | |
| A. Resident Advisory Board Consultation Process | |
| B. Statement of Consistency with Consolidated Plan 6 | |
| C. Criteria for Substantial Deviations and Significant Amendments | 6 |
| Attachments | |
| Attachment: Supporting Documents Available for Review | |
| Attachment: Capital Fund Program Annual Statement | |
| Attachment: Capital Fund Program 5-Year Action Plan | |
| Attachment: Capital Fund Program Replacement Housing Factor Annual | |
| Statement | |
| Attachment: Public Housing Drug Elimination Program (PHDEP) Plan Attachment: Resident Membership on PHA Board or Governing Body Attachment: Membership of Resident Advisory Board or Boards Attachment: Comments of Resident Advisory Board or Boards & | |
| Attachment: Resident Membership on PHA Board or Governing Body | |
| Attachment: Membership of Resident Advisory Board or Boards | |
| : Comments of Resident Advisory Board or Boards & | |
| Explanation of PHA Response (must be attached if not included in PHA Plan | |
| text) | |
| Other (List below, providing each attachment name) | |
| Exhibit 1: 2002 Revised Administrative Plan | |
| Exhibit 2: Most recent Single Audit (2001) | |
| Exhibit 3: Copy of published announcements for Public Hearing and Plan availability | |
| Exhibit 4: Public-Hearing transcriptions | |
| Exhibit 5: Public hearings participation record | |

Exhibit 6: Required Certifications;

Certification by the State of PHA Consistency with the Consolidated Plan

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

This same Plan provides a new consolidated process that provides a framework for local accountability and an easily identifiable source by which public housing residents, participants in the tenant-based assistance program, and other members of the public may locate basic PHA policies, rules and requirements concerning its operations, program and services. The 2000 Census demonstrate an increase in the population of the Municipality of Vega Alta. The PHA be revising the Administrative Plan, updating its contents according to the new demographic changes demonstrated in the 2000 Census (if any).

The Municipality of Vega Alta has established the Section 8 Office to administer the Housing Choice Voucher Program, as well as other tenant-based (Section 8) subsidized housing programs in order to assist financially disadvantaged families in meeting their housing needs, mainly decent, safe and sanitary housing as well as to their health and well-being. There are two major philosophy components in the tenant-based subsidized housing program:

- 1. To give extremely low-income and low-income families the opportunity of choice and mobility in selecting where they chose to live;
- 2. Maintain the essential elements of a private relationship between the tenant and the landlord on matters other than rent.

As a result of this philosophy the Housing Choice Voucher Program is tenant-based and does not tie the participant to any particular housing unit.

This Municipality also administers various subsidized housing programs geared towards certain sectors of the population in general to afford them the same opportunities as other extremely low-income and low-income families within the general population. The Municipality of Vega Alta administers or intends to administer the following programs:

- 1. Family Self Sufficiency A program whereby strategies are developed to coordinate the use of housing assistance under the auspices of the Housing Choice Voucher Program (Section 8) with public and private resources. Hence, enabling extremely low-income and low-income families, who are eligible to receive said assistance to achieve economic independence, and self-sufficiency.
- 2. HOPWA Program The Municipality of Vega Alta aware of the needs of the families that are infected with the HIV virus and have very limited economic resources with which to combat this disease has joined a consortium with the Municipality of San Juan to secure the funding necessary to provide safe, decent and

sanitary housing for eligible families. The Municipality of San Juan is the lead PHA of this same consortium.

The purpose of the Municipal program is to assist the families during financial distress and gradually reduce the amount disbursed by the program in an efficient manner, while at the same time motivating these same families and break the vicious cycle in which they find themselves.

Furthermore, there is an undeniable need for low-income housing within the Municipality of Vega Alta as evidence by the waiting list as well as the 1990 U.S. Census of Population. There also exists a need for quality housing units available for program participants but there is not an abundance of affordable housing for low-income families within this same Municipality. Conscious of this, our Municipality has established realistic and attainable goals, thus, giving particular thought has been given to the number of families which can be expected to need and want better housing. By setting attainable goals, the Municipality intends to become a facilitator for those in need and for those who have available units by coming together in a manner beneficial to all principals. This is in direct relation to both the major commitments and priorities of the U.S. Department of Housing and Urban Development (HUD). The Municipality of Vega Alta is a tenant-based (Section 8) only PHA.

This same Plan for the Municipality of Vega Alta as presented herein furthers HUD's statutory goal of merging the Certificate and Voucher Program, respectively, in accordance with the Quality Housing and Work Responsibility Act of 1998, 24 CFR 903, Section 545, whereby, the Municipality has established a unified vision of community actions. This same Plan will permit Vega Alta a chance to shape the various programs presented herein into effective, viable, and coordinated strategies, involving citizen participation.

1. Summary of Policy or Program Changes for the Upcoming Year

There is no exceptional change on Program Policies

Expires: 03/31/2002

| D. Capital Fund Progr | am Grant Submissions | |
|-----------------------------|---|---|
| (1) Capital Fu | ınd Program 5-Year Action Plan | |
| The Capital Fu | nd Program 5-Year Action Plan is provided as Attachment | |
| | | |
| (2) Capital Fu | ınd Program Annual Statement | |
| The Capital Fu | nd Program Annual Statement is provided as Attachment | |
| 3. Demolition and | d Disposition_ | |
| [24 CFR Part 903.7 9 (h)] | | |
| Applicability: Section 8 of | only PHAs are not required to complete this section. | |
| 1. ☐ Yes ⊠ No: | Does the PHA plan to conduct any demolition or disposition activities (pursuar to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.) | l |
| 2. Activity Description | | |
| (Not including A | Demolition/Disposition Activity Description Activities Associated with HOPE VI or Conversion Activities) | |
| 1a. Development name | | |
| 1b. Development (proj | ect) number: | |
| 2. Activity type: Demo | | |
| Dispos | | |
| 3. Application status (s | elect one) | |
| Approved | | |
| <u>-</u> | ding approval | |
| Planned application | ation | |
| 4. Date application app | proved, submitted, or planned for submission: (DD/MM/YY) | |
| 5. Number of units affe | cted: | |
| 6. Coverage of action | (select one) | |
| Part of the | development | |
| ☐ Total deve | lopment | |
| 7. Relocation resources | s (select all that apply) | |
| Section 8 f | | |
| Public hou | sing for units | |
| Preference | for admission to other public housing or section 8 | |
| Other hous | | |
| 8. Timeline for activity | - | |
| • | projected start date of activity: | |
| = | projected start date of relocation activities: | |
| • | d date of activity: | |

| 4. Voucher Hom | eownership Program_ |
|---|--|
| [24 CFR Part 903.7 9 (k)] | |
| A. Yes No: | Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.) |
| The PHA has demonst Establishin requiring the Requiring the provided, is secondary and private secondary and | HA to Administer a Section 8 Homeownership Program rated its capacity to administer the program by (select all that apply): g a minimum homeowner down payment requirement of at least 3 percent and that at least 1 percent of the down payment comes from the family's resources that financing for purchase of a home under its section 8 homeownership will be insured or guaranteed by the state or Federal government; comply with mortgage market underwriting requirements; or comply with generally accepted for underwriting standards atting that it has or will acquire other relevant experience (list PHA experience, or organization to be involved and its experience, below): |
| 5. Safety and Cri [24 CFR Part 903.7 (m)] | me Prevention: PHDEP Plan |
| Exemptions Section 8 Onl | y PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a cified requirements prior to receipt of PHDEP funds. |
| A. Yes No: Is PHA Plan? | s the PHA eligible to participate in the PHDEP in the fiscal year covered by this |
| B. What is the amount year? \$ | t of the PHA's estimated or actual (if known) PHDEP grant for the upcoming |
| | Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, no, skip to next component. |
| D. Yes No: T | The PHDEP Plan is attached at Attachment |
| 6. Other Inform [24 CFR Part 903.7 9 (r)] | <u>ation</u> |
| A. Resident Advisor | ry Board (RAB) Recommendations and PHA Response |

| 1. Yes [| No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? |
|----------------|---|
| 2. If yes, the | e comments are Attached at Attachment (File name) |
| 3. In what r | manner did the PHA address those comments? (Select all that apply) The PHA changed portions of the PHA Plan in response to comments A list of these changes is included Yes No: below or |
| | Yes No: at the end of the RAB Comments in Attachment Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment |
| | Other: (list below) |
| | ent of Consistency with the Consolidated Plan icable Consolidated Plan, make the following statement (copy questions as many times as necessary). |
| 1. Consolid | ated Plan jurisdiction: Puerto Rico |
| | A has taken the following steps to ensure consistency of this PHA Plan with the ated Plan for the jurisdiction: (select all that apply) |
| \boxtimes | The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s. The PHA has participated in any consultation process organized and offered by the |
| | Consolidated Plan agency in the development of the Consolidated Plan. |
| | The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan. |
| | Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (List such initiatives below) Apply for additional Federal Funds. Make alliances with public and private organizations to provide supportive and |
| | educational services to tenants. Other: (list below) |
| 3. PHA Re | equests for support from the Consolidated Plan Agency |

Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

- 1. CDBG
- 2. HOPWA
- 4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

Share information on Federal Programs, including NOFA's datelines and other important data related to Federal Funds

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

There is no deviation from the 5 Year Plan. The mission established in our 5-Year Plan has been accomplished during this last year. The principal mission is to offer a decent living environment to very-low, and low-income person that doesn't have a safety place for living. Through the administration of the Section 8 Program, the municipality of Vega Alta has lowering the amount of identified families with housing needs, however, the municipality authority (HA) still needing additional vouchers and/or certificates to bring more opportunities to our needed citizens getting a better quality of life to them.

B. Significant Amendment or Modification to the Annual Plan:

There is none significant amendment or modification to the Annual Plan

Attachment A_ Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | | | | | |
|---|---|---|--|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component | | | | |
| X | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans | | | | |
| X | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans | | | | |
| | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans | | | | |
| | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs | | | | |
| | Most recent board-approved operating budget for the public housing program Public Housing Admissions and (Continued) Occupancy Policy | Annual Plan: Financial Resources Annual Plan: Eligibility, | | | | |
| | (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] Any policy governing occupancy of Police Officers in Public Housing Check here if included in the public housing A&O Policy | Selection, and Admissions Policies Annual Plan: Eligibility, Selection, and Admissions Policies | | | | |
| X | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies | | | | |
| | Public housing rent determination policies, including the method for setting public housing flat rents Check here if included in the public housing A & O Policy | Annual Plan: Rent Determination | | | | |
| | Schedule of flat rents offered at each public housing development Check here if included in the public housing A & O Policy | Annual Plan: Rent Determination | | | | |
| | Section 8 rent determination (payment standard) policies Check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination | | | | |

| List of Supporting Documents Available for Review | | | | | | |
|---|--|--|--|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component | | | | |
| | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) | Annual Plan: Operations and Maintenance | | | | |
| | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations | | | | |
| | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency | | | | |
| | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations | | | | |
| X | Any required policies governing any Section 8 special housing types Check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance | | | | |
| X | Public housing grievance procedures Check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures | | | | |
| X | Section 8 informal review and hearing procedures Check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures | | | | |
| | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year | Annual Plan: Capital Needs | | | | |
| | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants | Annual Plan: Capital Needs | | | | |
| | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing | Annual Plan: Capital Needs | | | | |
| | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA). | Annual Plan: Capital Needs | | | | |
| | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition | | | | |
| | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing | | | | |
| | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937 | Annual Plan: Conversion of Public Housing | | | | |

| Applicable | List of Supporting Documents Available for Revi | Related Plan |
|------------|---|----------------------|
| & | | Component |
| On Display | | • |
| | Approved or submitted public housing homeownership | Annual Plan: |
| | programs/plans | Homeownership |
| | Policies governing any Section 8 Homeownership program | Annual Plan: |
| | (Sectionof the Section 8 Administrative Plan) | Homeownership |
| | Cooperation agreement between the PHA and the TANF agency | Annual Plan: |
| | and between the PHA and local employment and training service | Community Service & |
| | agencies | Self-Sufficiency |
| | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: |
| | | Community Service & |
| | | Self-Sufficiency |
| | Section 3 documentation required by 24 CFR Part 135, Subpart E | Annual Plan: |
| | | Community Service & |
| | | Self-Sufficiency |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other | Annual Plan: |
| | resident services grant) grant program reports | Community Service & |
| | | Self-Sufficiency |
| | The most recent Public Housing Drug Elimination Program | Annual Plan: Safety |
| | (PHEDEP) semi-annual performance report | and Crime Prevention |
| | PHDEP-related documentation: | Annual Plan: Safety |
| | ·? Baseline law enforcement services for public housing | and Crime Prevention |
| | developments assisted under the PHDEP plan; | |
| | ·? Consortium agreement/s between the PHAs participating | |
| | in the consortium and a copy of the payment agreement | |
| | between the consortium and HUD (applicable only to | |
| | PHAs participating in a consortium as specified under 24 | |
| | CFR 761.15); | |
| | ·? Partnership agreements (indicating specific leveraged | |
| | support) with agencies/organizations providing funding, | |
| | services or other in-kind resources for PHDEP-funded | |
| | activities; | |
| | ·? Coordination with other law enforcement efforts; | |
| | •? Written agreement(s) with local law enforcement agencies | |
| | (receiving any PHDEP funds); and | |
| | ·? All crime statistics and other relevant data (including Part | |
| | I and specified Part II crimes) that establish need for the | |
| | public housing sites assisted under the PHDEP Plan. | D . D 1' |
| | Policy on Ownership of Pets in Public Housing Family | Pet Policy |
| V | Developments (as required by regulation at 24 CFR Part 960, | |
| X | Subpart G) | |
| | Check here if included in the public housing A & O Policy | |
| | The results of the most recent fiscal year audit of the PHA | Annual Plan: Annual |
| X | conducted under section 5(h)(2) of the U.S. Housing Act of 1937 | Audit |
| | (42 U. S.C. 1437c(h)), the results of that audit and the PHA's | |
| | response to any findings | |
| | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |

| | List of Supporting Documents Available for Review | | | | | | |
|-------------------------|---|---------------------------|--|--|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component | | | | | |
| X | Other supporting documents (optional) Exhibit 1: 2002 Revised Administrative Plan Exhibit 2: Most recent Single Audit (2001) Exhibit 3: Copy of published announcements for Public Hearing and Plan availability Exhibit 4: Public Hearing transcriptions Exhibit 5: Public hearings participation record Exhibit 6: Required Certifications; Certification by the State of PHA Consistency with the Consolidated Plan | (Specify as needed) | | | | | |

| Ann | Annual Statement/Performance and Evaluation Report | | | | | |
|-------|---|--------------------------|--------------------|------------------------------|----------------------|--|
| Cap | ital Fund Program and Capital Fund I | Program Replaceme | ent Housing Factor | (CFP/CFPRHF) Pa | art 1: Summary | |
| PHA N | ame: | Grant Type and Number | | | Federal FY of Grant: | |
| | | Capital Fund Program: | | | | |
| | | Capital Fund Program | | | | |
| | -11A1C(-11 | Replacement Housing F | | A 164-4 | | |
| | ginal Annual Statement formance and Evaluation Report for Period Ending: | Final Performance and Ev | | Annual Statement (revision n | 0:) | |
| Line | Summary by Development Account | | nated Cost | Total A | tual Cost | |
| No. | Summary by Development Account | 10tai Estir | nated Cost | 1 otal Ac | tuai Cost | |
| INO. | | Outsinal | Revised | Obligated | E d- d | |
| 1 | T-4-1 CED E 1- | Original | Reviseu | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations | | | | | |
| 3 | 1408 Management Improvements | | | | | |
| 4 | 1410 Administration | | | | | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | | | | | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | | | | | |
| 10 | 1460 Dwelling Structures | | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 No dwelling Structures | | | | | |
| 13 | 1475 No dwelling Equipment | | | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1490 Replacement Reserve | | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | | |
| 17 | 1495.1 Relocation Costs | | | | | |
| 18 | 1498 Mod Used for Development | | | | | |
| 19 | 1502 Contingency | | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | | | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | | |
| 22 | Amount of line 20 Related to Section 504 Compliance | | | | | |

| Ann | Annual Statement/Performance and Evaluation Report | | | | | | | |
|-------|---|---|---|----------|----------------------|--|--|--|
| Capi | Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | | | |
| PHA N | ame: | Grant Type and Number | | | Federal FY of Grant: | | | |
| | | Capital Fund Program: | | | | | | |
| | | Capital Fund Program | | | | | | |
| | | Replacement Housing Factor Grant No: | | | | | | |
| Ori | ginal Annual Statement | Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) | | | | | | |
| Per | formance and Evaluation Report for Period Ending: | Final Performance and Evaluation Report | | | | | | |
| Line | Summary by Development Account | Total Estimated Cost Total | | Total Ac | tual Cost | | | |
| No. | | | | | | | | |
| 23 | Amount of line 20 Related to Security | | | | | | | |
| 24 | Amount of line 20 Related to Energy Conservation | | _ | | | | | |
| | Measures | | | | | | | |

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

| PHA Name: | | Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #: | | | Federal FY of Grant: | | | |
|----------------------------|-----------------------------|--|----------|----------------------|----------------------|-------------------|--------------------|-----------------------|
| Development Number | ımber Categories HA-Wide | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Proposed |
| Name/HA-Wide Activities | | | | | Original | Revised | Funds Obligated | Funds Expended |
| | | | | | | | | |
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| Annual Statemen | Annual Statement/Performance and Evaluation Report | | | | | | | | | | | |
|----------------------------|--|-----------------|----------------|-------------------|---------------------|----------------------|----------------------------------|--|--|--|--|--|
| Capital Fund Pro | gram and | Capital I | Fund Pro | gram Repla | cement Hou | sing Facto | or (CFP/CFPRHF) | | | | | |
| Part III: Implem | entation S | chedule | | 2 | | J | | | | | | |
| PHA Name: | | | Type and Nu | | | Federal FY of Grant: | | | | | | |
| | | | al Fund Progra | | | | | | | | | |
| | T | | | m Replacement Hou | | | | | | | | |
| Development Number | | l Fund Obligate | | | All Funds Expended | | Reasons for Revised Target Dates | | | | | |
| Name/HA-Wide Activities | (Qı | uart Ending Da | te) | (Ç | Quarter Ending Date | e) | | | | | | |
| | Original | Revised | Actual | Original | Revised | Actual | | | | | | |
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Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| Original stateme | | | | | | | | | |
|----------------------|--|----------------|--|--|--|--|--|--|--|
| Development | | | | | | | | | |
| Number | (or indicate PHA wide) | | | | | | | | |
| | | | | | | | | | |
| Description of Neede | d Physical Improvements or Management Improvements | Estimated Cost | Planned Start Date (HA Fiscal Year) | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total estimated cost | over next 5 years | | | | | | | | |

PHA Public Housing Drug Elimination Program Plan

| Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH |
|---|
| Notices. |
| |
| Section 1: General Information/History |
| A. Amount of PHDEP Grant \$ |
| B. Eligibility type (Indicate with an "x") N1 N2 R |
| C. FFY in which funding is requested |
| D. Executive Summary of Annual PHDEP Plan |
| In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected |
| outcomes. The summary must not be more than five (5) sentences long |
| |
| |
| E. Target Areas |
| Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, |
| and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in |

| PHDEP Target Areas (Name of development(s) or site) | Total # of Units within the PHDEP Target Area(s) | Total Population to be Served within the PHDEP Target Area(s) |
|---|--|--|
| | | |

F. Duration of Program

PIC.

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

| 2 Months | 18 Months | 24 Months |
|----------|-----------|------------------|
|----------|-----------|------------------|

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs <u>have not</u> been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

| Fiscal Year of Funding | PHDEP Funding Received | Grant # | Fund Balance as of Date of this Submission | Grant Extensions or Waivers | Grant Start Date | Grant Term End Date |
|---------------------------|------------------------------|---------|--|-----------------------------------|---------------------|------------------------|
| FY 1995 | | | | | | |
| FY 1996 | | | | | | |
| FY 1997 | | | | | | |
| FY1998 | | | | | | |
| FY 1999 | | | | | | |

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget SummaryEnter the total amount of PHDEP funding allocated to each line item.

| FFY PHDEP Budget Summary Original statement Revised statement dated: | | | | | | | |
|--|---------------|--|--|--|--|--|--|
| Budget Line Item | Total Funding | | | | | | |
| 9110 – Reimbursement of Law Enforcement | | | | | | | |
| 9115 - Special Initiative | | | | | | | |
| 9116 – Gun Buyback TA Match | | | | | | | |
| 9120 - Security Personnel | | | | | | | |
| 9130 - Employment of Investigators | | | | | | | |
| 9140 - Voluntary Tenant Patrol | | | | | | | |
| 9150 - Physical Improvements | | | | | | | |
| 9160 - Drug Prevention | | | | | | | |
| 9170 - Drug Intervention | | | | | | | |
| 9180 - Drug Treatment | | | | | | | |
| 9190 - Other Program Costs | | | | | | | |
| | | | | | | | |
| TOTAL PHDEP FUNDING | | | | | | | |

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

| 9110 – Reimbursement of Law Enfo | rcement | | Total PHDEP Funding: \$ | | | | |
|----------------------------------|-----------------|----------------------|-------------------------|-------------------|------------|------------------------|------------------------|
| Goal(s) | | | | | • | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons | Target Population | Start Date | Expected Complete | PHEDE P | Other Funding (Amount/ | Performance Indicators |
| | Served | - of | | Date | Funding | Source) | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | · | _ | |

| 9115 - Special Initiative | | | | | | Total PHDEP Funding: \$ | | | |
|---------------------------|---------|------------|-------|----------|---------|-------------------------|------------------------|--|--|
| Goal(s) | | | | | | | | | |
| Objectives | | | | | | | | | |
| Proposed Activities | # of | Target | Start | Expected | PHEDEP | Other Funding | Performance Indicators | | |
| | Persons | Population | Date | Complete | Funding | (Amount/ | | | |
| | Served | | | Date | | Source) | | | |
| 1. | | | | | | _ | | | |
| 2. | | | | | | | | | |

3.

| 9116 - Gun Buyback TA Match | | | | | | Total PHDEP Funding: \$ | | | |
|-----------------------------|---------|------------|-------|----------|---------|-------------------------|------------------------|--|--|
| Goal(s) | | | | | | | | | |
| Objectives | | | | | | | | | |
| Proposed Activities | # of | Target | Start | Expected | PHEDEP | Other Funding | Performance Indicators | | |
| | Persons | Population | Date | Complete | Funding | (Amount /Source) | | | |
| | Served | | | Date | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |

| 9120 - Security Personnel | | | | | Total PHDEP Funding: \$ | | | |
|---------------------------|---------|------------|-------|----------|-------------------------|------------------|------------------------|--|
| Goal(s) | | | | | 11 | | | |
| Objectives | | | | | | | | |
| Proposed Activities | # of | Target | Start | Expected | PHEDEP | Other Funding | Performance Indicators | |
| | Persons | Population | Date | Complete | Funding | (Amount /Source) | | |
| | Served | | | Date | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |

3.

| 9130 – Employment of Investigators | | | | | Total PHDEP Funding: \$ | | | |
|------------------------------------|---------|------------|-------|----------|-------------------------|------------------|------------------------|--|
| Goal(s) | | | | | | | | |
| Objectives | | | | | | | | |
| Proposed Activities | # of | Target | Start | Expected | PHEDEP | Other Funding | Performance Indicators | |
| | Persons | Population | Date | Complete | Funding | (Amount /Source) | | |
| | Served | | | Date | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |

| 9140 – Voluntary Tenan | | | Total PHDEP Funding: \$ | | | | |
|------------------------|---------|------------|-------------------------|----------|---------|------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of | Target | Start | Expected | PHEDEP | Other Funding | Performance Indicators |
| | Persons | Population | Date | Complete | Funding | (Amount /Source) | |
| | Served | | | Date | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9150 - Physical Improv | | | Total PHDEP Funding: \$ | | | | |
|------------------------|---------------------------|----------------------|-------------------------|------------------------------|-------------------|-----------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9160 - Drug Prevention | | | | | | Total PHDEP Funding: \$ | | | |
|------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|--------------------------------|------------------------|--|--|
| Goal(s) | | | | | IL | | | | |
| Objectives | | | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | • | | | | | | | |

| 9170 - Drug Intervention | | Total PHDEP Funding: \$ | | | | | |
|--------------------------|---------|-------------------------|-------|----------|---------|------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of | Target | Start | Expected | PHEDEP | Other Funding | Performance Indicators |
| | Persons | Population | Date | Complete | Funding | (Amount /Source) | |
| | Served | | | Date | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9180 - Drug Treatment | | Total PHDEP Funding: \$ | | | | | |
|-----------------------|--------|-------------------------|-------|----------|---------|------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of | Target | Start | Expected | PHEDEP | Other Funding | Performance Indicators |
| | Person | Population | Date | Complete | Funding | (Amount /Source) | |
| | S | | | Date | | | |
| | Served | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9190 - Other Program Costs | | | | | Total PHDEP Funds: \$ | | |
|----------------------------|-------------------------------|----------------------|---------------|------------------------------|-----------------------|-----------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Person s Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | equired Attachment: Resident Member on the PHA Governing pard |
|------|---|
| 1. [| Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (If no, skip to #2) |
| A. | Name of resident member(s) on the governing board: |
| B. | How was the resident board member selected: (select one)? Elected Appointed |
| C. | The term of appointment is (include the date term expires): |
| 2. | A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain): |
| B. | Date of next term expiration of a governing board member: |
| C. | Name and title of appointing official(s) for governing board (indicate appointing official for the next position): |

Required Attachment _____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Municipality of Vega Alta Mayor appointed the following residents as members of the Resident Advisory Board.

- Ivette Olivo
 Urb. Las Colinas #89
 Vega Alta, P.R. 00692
- Maria Navarro
 Calle Unión #54 Bajos
 Vega Alta, P.R.
 Tel. (787)270-3148
- 3. Hector Rivera Urb. Esperanza Calle 19 W-8 Vega Alta, P.R. 00692 Tel. (787)883-5146
- 4. Annabelle Cruz Ortiz HC-91 Buzón 8546 Vega Alta, P.R. 00692